

Foster Family Home - Corrective Action Report

Provider ID: 1-160057

Home Name: Nadine Ganir, CNA

Review ID: 1-160057-5

94-1257 Kahuaia Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/5/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 6/5/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- APS/CAN lapsed on 8/3/19 for CG#4 and renewed on 9/27/19. CG#3 had no APS/CAN results in home binder.

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Clients' bedrooms' windows are obstructed from the outside with stacks of plastic chairs, an exercise weight lifting machine, and other household items preventing the fresh air from flowing inside their bedrooms' windows.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies were noted for Client #1, Client #2, and Client #3.
Client #1- one medication bottle label does not match with the Medication Administration Record.
Client #2- one medication bottle label does not match with the Medication Administration Record.
Client #3- one medication in the Medication Administration Record does not have the times of administration written.
Another medication has an expiration date of 4/2020.

Maribel Nakamine, RN
Compliance Manager

5/5/2020
Date

[Signature]
Primary Care Giver

5-5-2020
Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Nadine Ganir

(PLEASE PRINT)

CCFFH Address: 94 1257 Kahuaina St. Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(2)	CG#4 LAPSED ON 8/3/19 AND RENEWED ON 9/27/19 CANNOT BE CORRECTED.	05/05/20	HOME WILL USE AN IPHONE CALENDAR TO SCHEDULE DUE DATES 2-3 MONTHS IN ADVANCE TO PREVENT FUTURE LAPSES.
	CG#3 APS/CAN FOUND AND PLACED IT IN HOME BINDER.	05/08/20	
49.(c)(3)	STACKS OF PLASTIC CHAIRS AND WEIGHT LIFTING MACHINE ARE ALREADY MOVED 05/05/20	05/05/20	ENSURE WINDOWS BEDROOM ARE NOT BLOCKED. TO ENSURE THE FRESH AIR FLOWS INTO THE ROOM .
54.(c)(5)	MEDICATION DISCREPANCY WAS CORRECTED BY CMA, MD AND CG#1.CLIENT#1, CLIENT#2 AND CLIENT#3. MAR HAS BEEN UPDATED. CLIENT#3 HAS EXTRA MEDICATION THAT IS NOT EXPIRED.	05/05/20	CG#1 WILL REVIEW ALL THE MEDICATION ORDERS, BOTTLES, AND MAR. ENSURE ALL MATCH AND EVERYTHING IS UPDATED. ALWAYS CHECK MEDICATIONS EXPIRATION.



All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: 05/27/20



CTA has reviewed all corrected items